

2008 Association of Wisconsin Symphony Orchestras Conference

Registration Form

Name _____
Title _____
Orchestra _____
Address _____
City/State/Zip _____
Day Phone _____
Email _____

Member of (check all that apply)

_____ Board _____ Staff _____ Volunteer _____ Other

Conference Fees

	Qty.	Total	
Early Registration (by June 2 nd)	_____	x\$120	\$ _____

Registration (after June 2 nd)	_____	x\$130	\$ _____
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One Day Registration:

Circle one: Friday Saturday _____ x\$75 \$ _____

Team Registration (3 or more members from an orchestra qualifies as a team.
Registration is \$110 per person.)

_____ x\$110 \$ _____

Team Member Names 1. _____
2. _____
3. _____
4. _____

Submarine Tour (please bring comfortable walking shoes).

Circle one: 5:30 pm 5:45 pm _____ x\$8 \$ _____

Additional Friday Dinners _____ x\$32 \$ _____

Additional Saturday Breakfasts _____ x\$8 \$ _____

Additional Saturday Lunches _____ x\$12 \$ _____

Total Enclosed \$ _____

Payment

Please make checks payable to Manitowoc Symphony Orchestra.

Please mail payment and registration form to:

Peggy Krey
AWSO Conference Registration
P. O. Box 13
Manitowoc, WI 54221-0013